



Testimony of the Radiological Society of Connecticut (RSC)
Senate Bill 295, AAC Radiological and Imaging Services
Public Health Committee
March 2, 2016

Dear Senator Gerratana, Representative Ritter, Senator Markley, Representative Srinivasan and members of the committee:

My name is Thomas Farquhar. I am a medical doctor practicing radiology in Hartford with Jefferson Radiology. I am also legislative co-chair of the Radiological Society of Connecticut.

I would like to thank your committee for considering Senate Bill 295 concerning the effects of the decreased reimbursement to radiology providers on access to radiology and imaging services for Medicaid patients.

As I am sure you know, this year's proposed budget continues the drastic payment reductions made last year to the provider component of Medicaid payments for imaging such as ultrasound, x-rays, and mammography.

The Radiological Society of Connecticut applauds this bill's attention to this issue, because we are very worried decreased reimbursement will ultimately limit Medicaid patient access to these vital services.

To be clear, these cuts target only private practice radiologists. The cut did not affect hospitals or hospital-employed physicians. With this in mind, private radiology practices are small businesses, employing hundreds of employees with good paying jobs in communities across the state.

Furthermore, radiology differs from many other medical specialties in the private practice setting because of the very expensive capital costs in imaging equipment and technology required.

At the same time, many radiology exams are screening studies, such as mammography, or the first step in outpatient workups of common medical issues. Convenient access to these exams is crucial to rendering preventative and primary medical care, and avoid ER visits and hospitalizations.

DSS has said publicly that these rates are in line with neighboring states in New England. This is simply not true. In fact, these rates put Connecticut Medicaid payments among the lowest in the country, on par with only a few states, such as Mississippi.

The eventual outcome of continued provider cuts is very clear – Medicaid patients will have few if any non-hospital providers accepting their insurance, driving them to hospitals even for routine, outpatient and screening exams – at greater cost and much less convenience.

We have already seen a private practice in Meriden announce that it is no longer accepting new Medicaid patients. In July of 2015, one of 2 private practice offices in the city of Hartford closed – leaving only hospitals and a single private practice as patient options.

Decisions such as these, to turn away patients and close offices, are not easily undone. I believe many private practices remain hopeful that this reimbursement cut can be at least partially restored, and are thus waiting before making more of these difficult decisions. I believe that if these cuts are not restored or partially restored, we will see further narrowing and erosion of access for Connecticut's most vulnerable patients to outpatient and screening imaging exams.

Again, the Radiological Society of Connecticut strongly supports this bill and thanks you for the efforts of this committee.